

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

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|   |         |           |                          |
|---|---------|-----------|--------------------------|
| NAME (LAST)                                   | (FIRST) | (MIDDLE)  | DAYTIME TELEPHONE NUMBER |
| Morris  | Judy    | Yzquierdo | [REDACTED]               |
| MAILING ADDRESS (Business Address Acceptable) | STREET  | CITY      | STATE ZIP CODE           |
| [REDACTED]                                    |         |           | OPTIONAL: E-MAIL ADDRESS |

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

County of Trinity

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Trinity County LAFCO

Position: COMMISSIONER

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Trinity

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/31/10

Signature [REDACTED]

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Judy Yzquierdo Morris</u>                              |

**1. BUSINESS ENTITY OR TRUST**

Red Dirt Music, Inc.  
Name  
PO Box 1998 Weaverville, CA 96093  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

|   |  |
|---|--|
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY<br><u>consulting firm</u>  |  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE:<br><u>    </u> / <u>    </u> / <u>09</u> <u>    </u> / <u>    </u> / <u>09</u><br>ACQUIRED                  DISPOSED |
| NATURE OF INVESTMENT<br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S-corp <input type="checkbox"/> Other   |  |
| YOUR BUSINESS POSITION <u>president</u>   |  |

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000        | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000     |   |

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

|  |  |
|--|--|
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000   | IF APPLICABLE, LIST DATE:<br><u>    </u> / <u>    </u> / <u>09</u> <u>    </u> / <u>    </u> / <u>09</u><br>ACQUIRED                  DISPOSED |
| NATURE OF INTEREST<br><input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership<br><input checked="" type="checkbox"/> Leasehold <u>    </u> Yrs. remaining <input type="checkbox"/> Other <u>    </u> |  |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached   |  |

**1. BUSINESS ENTITY OR TRUST**

N/A  
Name  
\_\_\_\_\_  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

|  |  |
|--|--|
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY   |  |
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE:<br><u>    </u> / <u>    </u> / <u>09</u> <u>    </u> / <u>    </u> / <u>09</u><br>ACQUIRED                  DISPOSED |
| NATURE OF INVESTMENT<br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other   |  |
| YOUR BUSINESS POSITION _____   |  |

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

|   |  |
|---|--|
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000  | IF APPLICABLE, LIST DATE:<br><u>    </u> / <u>    </u> / <u>09</u> <u>    </u> / <u>    </u> / <u>09</u><br>ACQUIRED                  DISPOSED |
| NATURE OF INTEREST<br><input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership<br><input type="checkbox"/> Leasehold <u>    </u> Yrs. remaining <input type="checkbox"/> Other <u>    </u> |  |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached  |  |

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Judy Yzquierdo Morris

► STREET ADDRESS OR PRECISE LOCATION

490 Oregon Street

CITY

Weaverville, CA 96093

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ Other  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

N/A

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ Other  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

# SCHEDULE D Income - Gifts

Name

Judy Yzquierdo Morris

NAME OF SOURCE  
Great Valley Leadership Institute  
ADDRESS (Business Address Acceptable)  
5340 North Campus Drive Fresno, CA 93740  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Leadership training seminar

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 30 / 10    | \$ 4,500 | see notes              |
| / /             | \$       |                        |
| / /             | \$       |                        |

NAME OF SOURCE  
N/A  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

NAME OF SOURCE  
Great Valley Leadership Institute  
ADDRESS (Business Address Acceptable)  
5340 North Campus Drive Fresno, CA 93740  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Leadership training seminar

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| 09 / 30 / 10    | \$ 20 | pckge of ammenities    |
| / /             | \$    |                        |
| / /             | \$    |                        |

NAME OF SOURCE  
N/A  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

NAME OF SOURCE  
N/A  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

NAME OF SOURCE  
N/A  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

Comments: Description of Gifts from Great Valley Institute - Lodging, Meals, Educational Materials and program costs. Program is funded by a 501 (c)(3) organization for a public policy educational purpose.